U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

5. Position in labor organization.  Secretary Treasurer/Business Rep.  Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interest in engaged in transactions (including loans) with an derived increase at the contractions of the following interest in engaged in transactions (including loans) with an derived increase at the contractions of the following loans of the following interest in engaged in transactions (including loans) with an derived increase at the contractions.	2 Bldg Rm208	
Name Terrence M Ahearn Name Intl. Union of Elevator Constructor  Labor Organization File Number 013-527  P.O. Box, Bldg., Room No., if any P.O. Box, Building and Room Number, if any Banksville  Street 945 Fredericka Drive Street 2945 Banksville  City Pittsburgh City Pittsburgh  State Pennsylvania ZIP Code + 4 15236-3432 State Pennsylvania ZIP Code + 4  5. Position in labor organization. Secretary Treasurer/Business Rep.  Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following intercept in tensactions (including learn) with or derived in terms at the instructions):	2 Bldg Rm208	
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monetary value from an employer whose employees your organization represents or is actively seeking to represent.  6. Name and address of Employer (including trade name, if any).  7.a. Nature of Interest, Transaction, or Income.		
Name		
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Trade Name, if any:	V 40 (10) 10 (	
P.O. Box, Bldg., Room No., if any	AT - THE OF THE	
7 5. Amount.		
Street		
City		
State ZIP Code + 4		
Signature		
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed Jun M. Ala on 8/1/2005 113 243 6666	t with market a significant pure property and account of the formula of the formula of	
Signed	-	
Form LM-30 (2003)		

Name of Person Filing Terrence Ahearn	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade name, if any).  Name National Elevator Industry Education Program  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street Eleven Larson Way  City Attleboro Falls  State Pennsylvania ZIP Code + 4 02763-9980	9. Business deals with:   a. Labor Organization  b. Trust  c. Employer	
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4	A trust that conducts various transactions with the International Union of Elevator Constructors Local #6, that the Department of Labor considers "doing business. Accordingly we have not estimated the approximate value of such dealings.  11.b. Approximate dollar value of such dealing.  12.a. Nature of interest held or income received.  A dinner where the Apprenticeship Area Coordinator met with, and bought dinner for the Joint Apprenticeship Committee and Instructors of the Apprentice Program.	
C. Received from any employer (other than an employer covered unde	12.b. Amount. \$39	
or from any labor relations consultant to an employer any payment of money  13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City	14.a. Nature of payment.	
State ZIP Code + 4 ZIP Code + 4 7 7 7 7 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	14.b. Amount of payment.	